



Indiana State Board of Animal Health • SAVE Program • ATTN: Janet Berish  
 805 Beachway Drive, Ste. 50 • Indianapolis, IN 46224-7785  
 317/227-0320 • Fax: 317/227-0330 • Email: jberish@boah.state.in.us

## STATE ANNEX FOR VETERINARY EMERGENCIES (SAVE) VOLUNTEER APPLICATION

*All information given is voluntary, and will be kept confidential. If for any reason you feel uncomfortable with any question, leave it blank. Return the form to the above address.*

NAME \_\_\_\_\_ COUNTY \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ DRIVER'S LIC.# \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHYSICAL ADDRESS (if different) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: HOME( ) \_\_\_\_\_ CELL( ) \_\_\_\_\_  
 WORK( ) \_\_\_\_\_ PAGER( ) \_\_\_\_\_  
 FAX( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ WORK HOURS \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical insurance carrier \_\_\_\_\_ Blood type \_\_\_\_\_  
 Last tetanus vaccination date \_\_\_\_\_ Allergies \_\_\_\_\_  
 Condition(s) and medications staff coordinator needs to be aware of \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
 Do you have a fear of any animals? \_\_\_\_\_

What handling experience do you have?(see list below)

Indicate <u>all</u> that apply				
<u>Companion Animal</u>	<u>Large Animal</u>	<u>Poultry</u>	<u>Farm Exotics</u>	<u>Other: describe</u>
____ Dogs	____ Cattle, Dairy/ Beef	____ Chickens	____ Ratites	_____
____ Cats	____ Sheep/Goats	____ Turkeys	____ Camelids	_____
____ Pet Birds	____ Swine	____ Ducks	____ Cervidae	_____
____ Pocket Pets	____ Horse/Donkey	____ Geese		_____

Why are you interested in becoming a SAVE volunteer? \_\_\_\_\_  
 \_\_\_\_\_

Would you be willing to volunteer in non-disaster times for educational purposes? \_\_\_\_\_

Have you taken any emergency management courses? \_\_\_\_\_ If so, what courses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe briefly your experience working with animals. Include any volunteer experience.

---

---

---

---

---

---

---

Rescue/Animal Care Equipment Available For Use During a Disaster \_\_\_\_\_

**SKILLS/AREAS OF EXPERTISE:**

Field Capture	Record Keeping	Computer
Driver	Building & Repair	Education/Teaching
Transportation	Equipment Maintenance	Data Entry
Communications	Historian	Other (specify) _____
Security	Kennel Attendant	Other (specify) _____
Medical: Human—Degree/Certification _____		
Animal—Degree/Certification _____		

**VOLUNTEER AGREEMENT:**

- During a disaster or emergency I will follow the rules and procedures set forth by the State Annex for Veterinary Emergencies (SAVE).
- I will not represent SAVE to the media.
- I will not abuse or neglect any animal under the care of SAVE during a disaster.
- I will not use or consume alcohol or illegal drugs while serving as a volunteer for SAVE.
- I will not smoke, unless in a designated area.
- I will not bring or have on my person guns, knives or bow-arrows while serving as a volunteer for SAVE.
- I will present myself in a professional manner while serving as a volunteer for SAVE.
- I will not intentionally or recklessly damage or destroy any property or equipment while serving as a volunteer for SAVE. If damage or destruction is done intentionally, I will repair or replace the object at my own expense.
- I understand that any breach of the above will result in my termination as a volunteer for SAVE.

**I certify, to the best of my knowledge, that all statements are true, correct, complete and made in good faith.**

\_\_\_\_\_  
Signature Date

**I agree to allow any of the above information to be stored in the SAVE database, password secured, on the internet.**

\_\_\_\_\_  
Signature Date

***FOR OFFICE USE ONLY***

_____ <i>Rec'd</i>	_____ <i>Updated</i>	_____ <i>Other</i> _____
_____ <i>DB</i>	_____ <i>Updated</i>	
_____ <i>DP</i>	_____ <i>Updated</i>	